

							•					
	in this information to	to identify your ca John R Evai										
Der	olor i	JOHN K EVAI	15			_						
	otor 2 ouse, if filing)					_						
Uni	ted States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA		_						
Cas	e number 19-10309				Check if this is:							
(If kn	nown)			•			■ An	amende	d filing			
										g postpetition		
\bigcirc	fficial Form	1061								ollowing date:		
	chedule I:						MN	M / DD/ Y	YYY		12/1	
sup _i spo atta	plying correct infouse. If you are sepended a separate she	ormation. If you parated and you	sible. If two married peo are married and not filin or spouse is not filing wi On the top of any addition	ng jointly, and your s th you, do not includ	spouse i de inforr	s liv natio	ing with yon about y	ou, incluyour spo	ide inforn use. If mo	nation about ore space is	your needed,	
1.	Fill in your empl											
•	information.	-		Debtor 1				Debtor 2 or non-filing spouse				
	If you have more attach a separate		Employment status	☐ Employed	oyed			☐ Employed				
	information about	1 0	, ,	Not employed				☐ Not employed				
	employers.		Occupation	Unemployed								
	Include part-time, self-employed wo		Employer's name									
	Occupation may or homemaker, if		Employer's address									
			How long employed the	here?								
Par	t 2: Give De	tails About Mor	nthly Income									
spou If yo	use unless you are	separated. spouse have mo	ate you file this form. If your than one employer, countries form.	, c			·		•	•	· ·	
							For Debt	tor 1		otor 2 or ng spouse		
2.			ry, and commissions (becalculate what the month)		2.	\$		0.00	\$	N/A	-	
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	-	
4	Calculate gross	Income Add lin	00 2 ± lino 3		1	\$		0.00	\$	NI/A		

Deb	tor 1	John R Evans	-	C	Case	number (if k	nown)	19-1	0309			
					For	Debtor 1		For	Debtor	2 or		
					TOT DEDICT T			non	-filing s			
	Cop	y line 4 here	4.		\$_		0.00	\$		N/A	<u>\</u>	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$		0.00	\$		N/A	\	
	5b.	Mandatory contributions for retirement plans	5b.		\$		0.00	\$		N/A	<u>\</u>	
	5c.	Voluntary contributions for retirement plans	5c.		\$		0.00	\$		N/A	<u></u>	
	5d.	Required repayments of retirement fund loans	5d.		\$		0.00	\$		N/A	<u>\</u>	
	5e.	Insurance	5e.		\$		0.00	\$		N/A	<u>\</u>	
	5f.	Domestic support obligations	5f.		\$_		0.00	\$		N/A		
	5g.	Union dues	5g.		\$_		0.00	\$		N/A	_	
	5h.	Other deductions. Specify:	_ 5h.	.+	\$_		0.00	+ \$		N/A	<u>\</u>	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	(0.00	\$		N/A	<u>\</u>	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	(0.00	\$		N/A	<u>\</u>	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90		¢.			¢		N 1/4		
	٥L	monthly net income.	8a.		\$_		0.00	\$_ \$		N/A		
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	•	\$_		0.00	Φ_		N/A	<u>\</u>	
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$_		0.00	\$		N/A		
	8d.	Unemployment compensation	8d.		\$_		0.00	\$_		N/A		
	8e.	Social Security	8e.	•	\$_	1,15	1.00	\$		N/A	<u>\</u>	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$_		0.00	\$		N/A	_	
	8g.	Pension or retirement income	8g.		\$_		0.00	\$_		N/A	_	
	8h.	Other monthly income. Specify:	8h.	.+	\$		0.00	+ \$		N/A	<u>\</u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	1,15 ⁻	1.00	\$_		N/	Α	
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		1,151.00	_ c		N/A	= \$	1,151.00	
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		1,131.00	┨ [┲] ┃Ψ₋		IVA	- -	1,131.00	
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00											
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies						. 12.	\$	1,151.00			
12	Do you expect an increase or decrease within the year after you file this form?									Combined monthly income		
13.	■	No.	•									
	_	Yes Explain:										